

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/555074

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2	1			
3	1			3		
4	1		1			
5		1		4		
6		6		4		
7	1		4			
8		1	4			
9		1	4			
10		1	4			
11		1	4			
12		1	4			
13		1	4			
14		1	4			
15		1	1			
16		8		1		
17	1			4		
18		1		1		
19		1		1		
20		1		2		
21		1		2		
22		1				
23		1				
24		4				
25			4			
26			4			
27			4			
28			4			
29			1			
30			4			
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48						
49						
50						
TOTAL IND.	4		5			
TOTAL DEP.	21	↔	67	↔		
TOTAL CLAIMS	25		72			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	